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		A	HAHEMAL	Merans	Dallainel 1	(Signature)
				- //-	2006	(Date)
APPLICATION NO.	FILING DATE	F	IRST NAMED INV	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/060,765	01/29/2002		Nobuyuki Ito	h	201130.408D1	9697
TITLE OF INVENTION: HUMAN FGF-21 POLYPEPTIDES			08/29		/2006 FHATLES GARGAGO	9 10000707
227 THILLE ANDROSC INDEX 12 TANDA 1/2						
				01 FC 02 FC:	:1501 :1504	1400.00 OP
				PUBLICATION FEE FC:		300.00 OP DA91/00UED
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E L	PUBLICATION FEE	TOTAL FEE(S) DUE	DV3*WBORh
nonprovisional	NO	\$1400		\$300	\$1700	08/24/2006
EXAMINER		ART UNI	IT	CLASS-SUBCLASS		
LI, RUIXIANG		1646		435-069400		
1. Change of correspondence CFR 1.363).	e address or indication of "F	ee Address" (37	2. For printing on the patent front page, list (1) I Jane E.R. Potter			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3 ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (prin	nt or type)		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Chiron Corporation and Kyoto University Emeryville, California and Kyoto, Japan						
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government						
4a. The following fee(s) are	enclosed:	4b	. Payment of Fee(s):		
☐ Issue Fee ☐ ☐ A check in the amount of the fee(s) is enclosed.						
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Advance Order - # of		<u>,</u>	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number03-1664 (enclose an extra copy of this form).			
			Deposit Accou	nt Number 03-166	(enclose an ext	ra copy of this form).
	(from status indicated above MALL ENTITY status. See		☐ b. Applicant is	no longer claiming SMA	LL ENTITY status. See 37 C	CFR 1.27(g)(2).
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Authorized Signature Roa Alyanden Date August 14, 2006						
Typed or printed name		Registration 1	No. 41,576			

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